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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP
Account Number : I20190000014
Phone : (904)660-0020
Fax Number : (904)660-0029

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

EYM Management Group Inc.

Certificate of Status	0
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Page Count	03
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EYM Management Group Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Aneth Mohan
Name (Printed or typed)

1317 Edgewater Dr., Suite 4163
Address

Orlando, FL 32804
City, State & Zip

1-647-525-2940
Daytime Telephone number

anethmohan97@gmail.com
E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EYM Management Group Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1317 Edgewater Dr., Suite 4163Orlando, FL 32804**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Aneth Mohan, PresidentName and Title: Aneth Mohan, DirectorAddress 1317 Edgewater Dr., Suite 4163Address: 1317 Edgewater Dr., Suite 4163Orlando, FL 32804Orlando, FL 32804

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LIPPES MATHIAS LLP
Address: 10151 Deerwood Park Blvd., Building 300, Suite 300
Jacksonville, Florida 32256

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Aneth Mohan
Address: 1317 Edgewater Dr.,
Orlando, FL 32804

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

on behalf of Lippes Mathias LLP, as Partner

Required Signature/Registered Agent

5/20/2024
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

Aneth Mohan

5/20/2024

Required Signature/Incorporator

Date